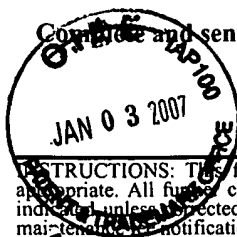


PART B - FEE(S) TRANSMITTAL



01-0502
 Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All future correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless directed below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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11/24/2006

MINTZ LEVIN COHN FERRIS GLOVSKY & POPEO
 666 THIRD AVENUE
 NEW YORK, NY 10017

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

01/05/2007 SFELEKE2 00000036 10628965

01 FC:1501 1400.00 OP
 02 FC:1504 300.00 OP
 03 FC:A001 30.00 OP

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/628,965	07/28/2003	Manfred Keller	BHE 3.0-109 (CONT)	6183

TITLE OF INVENTION: DRY POWDER FOR INHALATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	02/26/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
HAGHIGHATIAN, MINA	1616	424-043000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Ivor R. Elrifi, Esq.

Naomi S. Biswas, Esq.

MINTZ LEVIN

One Financial Center

Boston, MA 02111

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

JAGOTEC AG

MUTTENZ, SWITZERLAND

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies (10) Ten

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☒ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Naomi S. Biswas

Date

January 3, 2007

Typed or printed name

Naomi S. Biswas

Registration No.

38,384

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Date of Deposit: January 3, 2007

Docket No.: 28069-606-CON

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants	:	Manfred KELLER, <i>et al.</i>	Confirmation No.:	6183
Serial No.	:	10/628,965	Customer No.:	30623
Filed	:	July 28, 2003	Art Unit:	1616
Examiner	:	Haghighatian, Mina		
For	:	Dry Powder for Inhalation		

Mail Stop ISSUE FEE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL

Transmitted herewith for filing in the present application are the following documents:

1. Copy of Issue Fee Transmittal/Form PTOL-85B (1 page);
2. Check for \$1,700.00 (#23440) to cover Issue Fee;
3. Check for \$30.00 (#23441) to cover 10 advanced soft copies of patent; and,
4. Return Postcard.

Applicants believe that the above fees are due in connection with this submission. However, the Commissioner is authorized to credit any overpayment or charge any deficiencies to Deposit Account No. 50-0311, Reference No. 28069-606 CON. A duplicate copy of this Transmittal Letter is enclosed.

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at (617) 542-6000, Boston, Massachusetts.

Respectfully submitted,

Ivor R. Elrifi, Reg. No. 39,529

Naomi S. Biswas, Reg. No. 38,384

Attorneys for Applicant

MINTZ, LEVIN

Tel: 617-542-600

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Customer No. 30623

Date: January 3, 2007